

**September 2, 2008**

# **Montana Healthcare Programs Notice**

## **Physicians, Mid-Level Practitioners, and Pharmacy Providers**

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### **SmartPA<sup>®</sup> Maximum Daily Amounts for Acetaminophen**

**Effective October 6, 2008**

Pursuant to recommendations by the Montana Medicaid Drug Utilization Review (DUR) Board, the Department will impose a “high dose” edit for acetaminophen (APAP) containing medications. Payment will be denied for any pharmacy claim submitted if the calculated acetaminophen dose is 4 grams or more per day. This is a patient safety concern and consistent with FDA guidance regarding acetaminophen.

This edit will affect prescriptions for all acetaminophen-containing products, including

- Hydrocodone-APAP
- Oxycodone-APAP
- Propoxyphene-APAP
- Codeine-APAP
- Tramadol-APAP

If the claim denies and the prescriber or pharmacist wants to pursue a prior authorization, the prescriber or pharmacy may submit requests by mail, telephone, or fax to:

**Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (phone)  
(406) 443-7014 or (800) 294-1350 (fax)**

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit.

### **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**